UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

PAMELA T. CANNATARO		Case No.: 3:20-cv-01583-SI		
	Plaintiff(s),			
v.		MOTION FOR LEAVE TO APPEAR PRO HAC VICE		
PORTLAND GE	NERAL ELECTRIC, et al.			
	Defendant(s).			
Attorne	y Shaud G. Tavakoli	requests special admission <i>pro hac</i>		
vice to the Bar	of the United States District Cou	art for the District of Oregon in the above-		
•	for the purposes of representing ENERAL ELECTRIC COMPANY, MA	the following party (or parties): ARIA POPE, and JAMES F. LOBDELL		
In supp	ort of this application, I certify the	nat: 1) I am an active member in good standing		
with the New Y	York State Bar; and 2) that	I have read and am familiar with the Federal		
Rules of Evide	nce, the Federal Rules of Civil ar	nd Criminal Procedure, the Local Rules of this		
Court, and this	Court's Statement of Professiona	alism.		
I under	stand that my admission to the Ba	ar of the United States District Court for the		
District of Ore	gon is solely for the purpose of li	tigating in the above matter and will be		
terminated upo	on the conclusion of the matter.			
(1)	PERSONAL DATA:			
,	Name: Tavakoli, Shaud G.			
	(Last Name)	(First Name) (MI) (Suffix)		
	Agency/firm affiliation: Skaddo	en, Arps, Slate, Meagher & Flom LLP		
	Mailing address: One Manhatta	an West		
	City: New York	State: NYZip: 10001-8602		
	Phone number: (212) 735-3000	<u>Fax number: (212) 735-2000</u>		
	Business e-mail address: shaud	.tavakoli@skadden.com		

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(2)	BAR	BAR ADMISSION INFORMATION:				
	State bar admission(s), date(s) of admission, and bar number(s): New York, 6/11/2012, 5059308					
	(b)	Other federal court admission(s) and date(s) of admission:				
	()	US Court of Appeals, 2nd Circuit, 6/8/2017; US Court of Appeals, 9th Circuit, 5/18/2016; US District Court, EDNY, 3/19/2014; US District Court, SDNY, 2/19/2014				
(3)	CER	CERTIFICATION OF DISCIPLINARY ACTIONS:				
<u>~</u>		I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.				
		I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)				
(4)	Pursu respo requi and to	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.				
(5)	I ack mana appli	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.				
		Grney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the 3-3, and I certify that the above information is true and correct.				
DATE	_{:D:} 11/	10/2020				
		/s/ Shaud Tavakoli (Signature)				

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REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for <i>pre</i> unless requesting a waiver of the require			i local counsel,
To request a waiver of the requirement to following box:	o associate with loc	al counsel under I	LR 45-1, check the
I seek admission for the limited property Court did not issue. Pursuant to requirement to associate with loc from local counsel with this apple	LR 45-1(b), I reque al counsel and there	st a waiver of the	LR 83-3(a)(1)
To associate with local counsel, provide obtain the signature of local counsel.	the following infor	mation about loca	l counsel, and
Name: DeLuca, Dallas S.	(E' (M)		(C (C)
(Last Name) OSB number: 072992	(First Name)	(M.	I) (Suffix)
Agency/firm affiliation: Markowitz Herbo	ld PC		
Mailing address: 1455 SW Broadway, Su	ite 1900		
City: Portland	State: OR	Zip:	97201
Phone number: <u>(503)</u> 295-3085	Fax number:	(503) 323-9105	
Business e-mail address: dallasdeluca@m	arkowitzherbold.com	l .	
CERTIFICATION OF ASSOCIATE	LOCAL COUNSE	EL:	
I certify that I am a member in good star understand the requirements of LR 83-3, number 3:20-cv-01583-SI			
DATED: 11/10/2020	<u> </u>	-	
	5 11/2 19	27	

(Signature of Local Counsel)